



Commonwealth of Massachusetts

Town of Randolph

BUSINESS CERTIFICATE/DBA

*In conformity with the provisions of Ch. 110, §5 of the
Massachusetts General Laws, as amended, the undersigned hereby
declare(s) that a business is conducted under the title of:*

Date: _____

New: ☐

Renewal: ☐

Business Name: _____

Business Address: _____ **Phone:** _____
MUST BE A PHYSICAL ADDRESS. (NO PO BOXES/MAILING CENTER BOXES)

Nature of Business: _____

Owner(s) Name	Home Address	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*If a corporation is the owner, provide the corporate name and address, plus the name and title of the signing officer.

Sign below, in the presence of a Notary Public or Town Clerk's Office

The signatories below acknowledge this Business Certificate is not a license to operate a business. In addition, it is not proof of conformity to Board of Health regulations and/or Zoning and Town Ordinances. It is the Applicant's responsibility to contact the Building Inspector, Town Council and/or Health Agent in order to comply with ordinances, rules and regulations.

1. _____ 2. _____ 3. _____
SS# _____ SS# _____ SS# _____

OR Business Tax ID Number _____

ACKNOWLEDGEMENT

Commonwealth/State of _____ **Date:** _____
_____ **County**

Then personally appeared _____,
proved to me through satisfactory evidence of identification, which was _____ to be the
person(s) whose name is signed on this document, and acknowledged to me that it was voluntarily signed for its stated
purpose.

Notary Signature: _____ **SEAL** **My Commission Expires:** _____

In accordance with Mass. General Law, Chapter 110, §5, this Business Certificate shall be in effect for four (4) years from the Date of Issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring, renaming, or withdrawing from such business or partnership.

Town Clerk: _____

SEAL

Expiration Date: _____